MOTOR VEHICLE SERVICING (TOWING)

(Ch 349) (Lic Codes 129-133) September 1*

(Rev Code 311008)

FEES:

Class A (Lic Code 130)

1-5 vehicles \$867.00 \$650.00

\$433.00

\$217.00

6-15 vehicles

\$1312.00

\$984.00

\$ 656.00

\$328.00

PLUS \$26.00 each additional vehicle after the 15th

New License Surcharge - \$118.00 for Class A

Class B (Lic Code 131) PLUS \$26.00 each additional vehicle

\$133.00

\$100.00

\$66.00

\$43.00

Class C (Lic Code 132)

\$92.00

\$69.00

\$46.00

\$43.00

PLUS \$26.00 each additional vehicle

PLUS \$26.00 each additional vehicle

Class D (Lic Code 133)

\$60.00

\$43.00

\$43.00

\$43.00

Class E (Lic Code 129) 'INACTIVE'

Public Works has contract since 9/97

TRANSFER:

Vehicle to vehicle only \$50.00 registration fee, vehicle must be inspected.

REQUIREMENTS:

Vehicle Safety Inspection done by certified facility or inspector.

Class A or B: \$100/300/25 (on City of Minneapolis form)

Class C or D: \$25/50/10 (on City of Minneapolis form)

Class E:

\$1 mil/5 mil/1 mil (those under city contract)

Bond:

\$10,000.00 (bond required for Class A only.)

Class A requires supplemental application to a LCS Inspector for approval.

Decals issued for all classes.

Renewal:

Same as above. Issue decals after inspection of vehicle.

Tow Driver (Lic Code 117) for Class A towing

FEES: \$41.00 new

\$26.00 renewal

\$9.00 duplicate

\$9.00 I.D picture

Continued on next page



City of Minneapolis
Licenses and Consumer Services
350 South 4th Street – Room 1C
Minneapolis, MN 55415–1316
Phone: 612-673-3000 or 311
Fax: 612-673-3399 TTY: 612-673-2157 www.ci.minneapolis.mn.us/business-licensing

	// A
FOR OFFICE USE O	NLY;
LICENSE ID #:	
LICENSE CLERK	:
FEE: \$	
DATE:	

LICENSE APPLICATION

Type of License Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number	Starting a new	As the Licensee, I am: Starting a new business in a new building (New Business) Starting a new business in an existing building (New Business) Taking over an existing business (New Owner) Name of existing business:				
Transci, of Individual Tax 15 Transci	Remodeling					
Legal Corporate Name of Business	Trade Name (DB	A)				
Minneapolis Business Address/Location			Business Telephone Number			
Mailing Address (if different than Business Address)						
Name of person filling out this application	Title		Telephone Number			
E-mail Address	Fax Number		Cell Phone Number			
Name of Manager and Home Address		*	Date of Birth			
Type of Ownership: Corporation LLC Sole Proprietor Partnership Non-Profit	Date of Incorpora	tion	State of Incorporation			
	VO					
2. LIST ALL OWNERS, PARTNERS AND COL Full Name: First, Middle, Last	RPORATE MEMBE Date of Birth	RS (Attach Addition % of Ownership	nal Sheet if necessary.) Telephone Number			
교통하게 된다를 하기는 종살에 달는 그건데						
Home Address	City	State	Zip Code			
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number			
Home Address	City	State	Zip Code			
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number			
Home Address	City	State	Zip Code			
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number			
Home Address	City	State	Zip Code			
Have any of the above people been convicted of a crime? If YES, please provide (or attach) dates and conviction spe	☐YES ☐NO ecifics.					

	Total Control	BUSINESS	SINFORMATION
SQUARE FOOT	AGE FOR BUSINESS	3 USE	HOURS OF OPERATION
DESCRIPE NAD	ETAU THE DDDIO	DAY DOODLOTS TARE	
DESCRIBE IN D	ETAIL THE PRINCI	PAL PRODUCTS, TYPE	S OF ENTERTAINMENT, OR SERVICES RENDERED
LIST ANY LICEN	SES CURRENTLY	OR PREVIOUSLY HELI	D IN MINNEAPOLIS (Business or Individual)
HAVE YOU EVE	R HAD A BUSINES	S LICENSE DENIED OR	REVOKED BY MINNEAPOLIS OR ANOTHER GOVERNMENT
			ation, Government Agency, Reason for Denial or Revocation
ABE VOUDEAN	IDIO OD COMPLET	PB	LAVAGE OF COMME COMON ON DAVID PROGRAM OF THE
	NING OR COMPLET FOR REMODELING		NAME OF CONTRACTOR OR BUILDING MANAGER
	of the remodeling or c		
	ir une temodering or e	oligii delloli.	
WODKEDS COM	PENSATION COMPA	ANV	LICY NUMBER DATES OF COVERAGE
W ORKERS COM	ENSATION COMP	ANI FOI	LICY NUMBER DATES OF COVERAGE
		O1	·
I certify that I am n	ot required to carry w	orker's compensation insu	urance because: I am self insured. I am the sole proprietor and I
have no employees	. I have no employ	ees who are covered by w	workers compensation law. Only employees who are specifically
		ne workers compensation lable by the employer mus	law. These include: Spouse, Parents, and Children regardless of age.
			YES NO (Attach additional sheets if necessary)
	Vehicle Company	License Plate Number	VIN Number
	ID Number	(State)	
El. 1. 1:1	C :1 4: 1:		FICATON
			City of Minneapolis to assess your qualifications for licensure. uired to provide this data, however if you fail to do so, the City of
Minneapolis may be	unable to process thi	s application. Disclosure	of your Social Security number, Minnesota Tax ID Number, or
ndividual Tax ID N	umber is required by	Minnesota Statutes 270C.	72 and your Social Security number may be requested by and released
			cense, all information contained in this application, except your Social
Security Number, w	ill be public informati	ion pursuant to Minnesota	Statutes, Chapter 13.
	A SIGNATU	RE IS REQUIRED IN OR	DER TO PROCESS THE APPLICATION
, (name)			, certify or declare under penalty of perjury under the laws of the
	hat the foregoing is tr	ue and correct. All inform	nation given is subject to verification by the State of Minnesota.
IGNATURE OF APP	LICANT		DATE
RINT NAME	`		TITLE:

October, 2008

City of Minneapolis Requirements for Insurance Certificates

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be Pending, Binder or TBA.	PRODUC Agency Address City, Sta					SUED AS A MATTE RTIFICATE HOLDI		TION (ONLY AND CONFERS
binder or TbA.					CERTIFICATE DO DED BY THE POLIC		EXTEND OR	ALTE	R THE COVERAGE
				INSURE	RS AFFORDING CO	OVERAGE	•		
The Legal/Corporate Name	INSURE	D를 하는 것들은 사람들이 없는 것이 없는 것이다.		INSURE	R A:				
must match exactly (word for word) to the				INSURE					
Approved Licensee Name —		> 조를 받는다는 하를 수 별하다.		INSURE INSURE					
(including Inc, or LLC), Trade Name (DBA),				INSURE					
and Premise address.	COVE	RAGES							
	NOTWIT CERTIFI	LICIES OF INSURANCE LISTED BELOW HAVE FIRSTANDING ANY REQUIREMENT, TERM OR ICATE MAY BE ISSUED OR MAY PERTAIN, TH SIONS AND CONDITIONS OF SUCH POLICIES	CONDIT E INSUR	ION OF ANCE A	ANY CONTRACT OF FFORDED BY THE I MITS SHOWN MAY	OTHER DOCUMEN POLICIES DESCRIBE	T WITH RESPECT D HEREIN IS SUE	r to w bject '	THICH THIS
	DVCD			JCY IBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION			
	INSR LTR	TYPE OF INSURANCE GENERAL LIABILITY	NUN	IDEK	(MM/DD/YY)	DATE (MM/DD/YY)	E LOW OCCUPATI		mrs
		GENERAL EMBERT					EACH OCCURRE		S
		COMMERCIAL GENERAL LIABILITY					FIRE DAMAGE (a	Any	S
		☐ CLAIMS MADE ☐ OCCUR				_	MED EXP (Any one person)		S
		D					& AI	·V	s
		D					N TIE	1	s
		GEN'L AGGREGATE LIMIT APPLIES PER:				$\wedge M M$			s
		□ POLICY □ PROJECT		$\sqrt{}$		\cup	COM		
		AUTOMOBILE LIABILITY DANY AUTO		'n			COMBINED SINGLE LIMIT		s
		D ALL OWNED A		\			(Ea accident) BODILY INJURY (Per person)		s
		□ HIRED AUTOS\ □ NON – OWNED \				The state of the s	BODILY INJURY (Per accident)		S
							PROPERTY DAM (Per accident)	AGE	s
		GARAGE LIABILITY					AUTO ONLY - (Ea		S
		□ ANY AUTO					OTHER THAN AUTO	ACC	s
		D					ONLY:	AGG	s
		EXCESS LIABILITY □ OCCUR □ CLAIMS MADE					EACH OCCURRE AGGREGATE	NCE	\$
		DEDUCTIBLE							\$ \$
	A	□ RETENTION WORKER'S COMPENSATION AND EM PLOYER'S LIABILITY					X/WC STATUTOR* LIMITS / OTHER	<i>i</i>	
							E.L. EACH ACCIDENT		
							E.L. DISEASE – EA EMPLOYEE	,	
							E.L. DISEASE - POLICY LIMIT		
	DESCRI	OTHER PTION OF OPERATIONS/LOCATIONS/VEHIC	LES/EX	CLUSIO	NS ADDED BY END	ORSEMENT/SPECI	AL PROVISIONS		
	CERTIFI	CATE HOLDER / ADDITIONAL INSURED; IN	SURER	LETTER	CANCE	LLATION 10-Day No	otice for Non-Paym	ent of	Premium
						ABOVE DES			
Strikeout Required. Application will be returned if						THE EXPIRA			
words are not omitted.	City of	Minneapolis				R WILL END			
		s and Consumer Services	WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO						
	1-C Cit	y Hall oth 5th Street	OBLIGATION LIABILITY OF ANY KIND UPON THE INSURER,			E INSURER,			
	I .	polis, MN 55415				ESENTATIV	ES.		
Original Signature or stamp of			AUTH	URIZED	REPRESENTATIV				
Agent. —	Ap	plications will be re	etur	nec	d if requ	irement	s are no	ot (complete.

CITY OF MINNEAPOLIS DEPARTMENT OF LICENSES AND CONSUMER SERVICES 1-C City Hall 673-2080

BOND REQUIREMENTS

Amount of Bond is License Type	to	_ .
License period is	CU	
1) On an original bond form, val	City of Minneapolis Bond Form* id until cancelled)	(continuous
	that required by ordinance	
3) Name of license	ee and Principal of bond must be	the same
4) Signed by princ	cipal)TWO WITNESSES TO EACH S	TCNATURE
5) Signed by agent	t/surety) WO WITHESSES TO EACH S	Idianione
6) Acknowledgment	of principal	
7) Acknowledgement		
8) Agent's Power o	of Attorney	

City of Minneapolis, Minnesota	
DEPARTMENT OF LICENSES.	WEIGHTS AND MEASURES

Surety File No	

TOWING SERVICE LICENSE BOND

STATE OF MINNESOTA) COUNTY OF HENNEPIN) SS

KNOW ALL MEN BY THESE PRESENTS, That v	we	
Principal, and	, as	a
corporation organized and existing under the laws of the St Corporate surety business in the State of Minnesota, as sure Municipal corporation in the County of Hennepin and State lawful money of the United States of America, for the payn Minneapolis or its assigns we jointly and severally bind our by these presents. The conditions of the above obligation are such that, whe	ety, are held and firmly bound unto the City e of Minnesota, in the sum of Ten Thousand ment of which sum well and truly to be made rselves, our successors, heirs, executors and	of Minneapolis, a Dollars (\$10,000), e to said City of administrators firmly
has duly applied for a license to engage in and carry on the private property in the City of Minneapolis, Minnesota, dur 19, and whereas said principal proposes to apply for business; NOW, THEREFORE, in case such license shall be issued.	ring the license year ending the first day in S r renewal license from year to year thereafte 1. if said above bounden principal,	September, A.D. or to carry on said
in the City of Minneapolis, properly handle and keep safe a property therein; reimburse the owners for any loss thereof; ordinances of said City of Minneapolis relating thereto, the full force and effect. PROVIDED, HOWEVER, it is hereby expressly understoo construed to reduce the liability hereunder below the above each and every succeeding annual license period for which the same sum were executed for each and every separate lic Liability of the surety heron to any and all persons incurred IT IS FURTHER PROVIDED, that it is the intention of the required for the issuance of the license for the current year time upon giving the said principal and the Department of I days written notice, said notice to be served by registered mincurred, or accrued, prior to the termination of this said 30 IN WITNESS WHEREOF, we have herunto set our hand	cand otherwise strictly comply with the pro- in this obligation to be null and void; otherwise and agreed, that nothing herein contained e stated penal sum for the said license period said principal shall be incensed, all the sam cense period. It is further expressly understed in any one license period shall not exceed the parties that this bond is to be a continuing and for each succeeding year. This bond made Licenses, Weights and Measures of the City mail whereupon, except as to any liabilities of days notice, the liability of the surety under	eon and any personal visions of the vise to be and remain in shall be deemed or I, and the like sum for e as if a new bond in bod and agreed that the the above stated penal sum. It is bond furnished as any be cancelled at any of Minneapolis 30 of indebtedness rethis bond shall cease.
, A.D. 19		
Signed, Sealed and Delivered in the Presence of:		(seal)
As to Principal	Principal	(seal)
		(seal)
		(seal)
As to Surety	Surety	

ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL)

STATE OF MINNESOTA) COUNTY OF HENNEPIN) SS

On this	day of	A.D. 19	, before me appeared, to me known to be the
Person described and deed.	in and who executed the foregoin	g instrument, and acknowledged that he	executed same as his own free act
		Notary Public, Hennep My Commission expir	in County, Minnesota
STATE OF MIN		IENT OF PRINCIPAL (PARTNERS)	HIP)
COUNTY OF H	· ·		
On this	day of	A.D. 19	, before me appeared
		and	
	s(
to me known to b	be the persons described in and when as their free act and deed and the	o executed the foregoing instrument, an	d acknowledged that they
		Notary Public, Hennep My commission expire	oin County, Minnesota
STATE OF MIN	NNESOTA) IENNEPIN) SS	ENT OF PRINCIPAL (CORPORAT	
On this	day of	A.D. 19	, before me appeared
		and	
		orn did say that they are respectively the	
and	of		
the cornoration d	escribed in and who executed the	foregoing instrument; that the seal affix trument was executed in behalf of said of	ked to the foregoing instrument is corporation by the authority of its
Board of Directo	rs; and said	and	acknowledged
Said instrument t	o be the free act and deed of said	corporation.	
		Notary Public, Hennep My commission expire	in County, Minnesota s